

2019 Novel Coronavirus, Wuhan, China

Interim Guidance for Healthcare Professionals

Limited information is available to characterize the spectrum of clinical illness associated with 2019-nCoV. No vaccine specific treatment for 2019-nCoV infection is available; care is supportive.

The CDC clinical criteria for a 2019-nCoV patient under investigation (PUI) have been developed based on what is known about MERS-CoV and SARS-CoV and are subject to change as additional information becomes available.

Health care providers should obtain a detailed travel history for patients being evaluated with fever and acute respiralliness. CDC guidance for evaluating and reporting a PUI for MERS-CoV remains unchanged.

Criteria to Guide Evaluation of Patients Under Investigation (PUI) for 2019-nCoV

Patients in the United States who meet the following criteria should be evaluated as a PUI in association with the outbreak of 2019-nCoV in Wuhan City, China.

Contact your local or state health department

Healthcare providers should **immediately** notify their local or state health department in the event of PUI for 2019-nCoV.

Clinical Features	&	Epidemiologic Risk
Fever ¹ and symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days before symptom onset, a history of travel frow Wuhan City, China. – or – In the last 14 days before symptom onset, close contact ² with a person who is under investigation for 2019-nCoV while that person was ill.
Fever ¹ or symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days, close contact ² with an ill laboratory-confirme 2019-nCoV patient.

The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncert travel or exposure).

Recommendations for Reporting, Testing, and Specimen Collection

Updated January 17, 2020

Healthcare providers should **immediately** notify both infection control personnel at their healthcare facility and the local or state health department in the event of a PUI for 2019-nCoV. State health departments that have identified a should immediately contact CDC's Emergency Operations Center (EOC) at 770-488-7100 and complete a 2019-nCoV F case investigation form available below.

- Download fillable PDF form [PDF 211 KB]
- Download Microsoft Word form [DOC 90 KB]

CDC's EOC will assist local/state health departments to collect, store, and ship specimens appropriately to CDC, included uring afterhours or on weekends/holidays. At this time, diagnostic testing for 2019-nCoV can be conducted only at 0 conducte

Testing for other respiratory pathogens should not delay specimen shipping to CDC. If a PUI tests positive for anothe respiratory pathogen, after clinical evaluation and consultation with public health authorities, they may no longer be considered a PUI. This may evolve as more information becomes available on possible 2019-nCoV co-infections.

For biosafety reasons, it is not recommended to perform virus isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens from a PUI for 2019-nCoV.

To increase the likelihood of detecting 2019-nCoV infection, CDC recommends collecting and testing multiple clinical specimens from different sites, including all three specimen types—lower respiratory, upper respiratory, and serum specimens. Additional specimen types (e.g., stool, urine) may be collected and stored. Specimens should be collected soon as possible once a PUI is identified regardless of time of symptom onset. Additional guidance for collection, handling, and testing of clinical specimens is available.

Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019-nCoV

- Interim Health Care Infection Prevention and Control Recommendations for Patients Under Investigation for 20 Novel Coronavirus
- Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings
- CDC's Health Alert Network Update: Outbreak of Pneumonia Associated with Novel Coronavirus 2019 (nCoV-207 Wuhan, China.

Footnotes

¹Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or takin certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

²Close contact is defined as—

- a) being within approximately 6 feet (2 meters), or within the room or care area, of a novel coronavirus case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, glow NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, sharing a health care waiting area or room with a novel coronavirus case. or –
- b) having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC's Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation 2019 Novel Coronavirus

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the perwith novel coronavirus (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Speconsideration should be given to those exposed in health care settings.

Additional Resources:

- Directory of Local Health Departments
- World Health Organization (WHO) Coronavirus
- WHO guidance on clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected

Page last reviewed: January 17